

STATE OF MISSOURI
OFFICE OF ADMINISTRATION
FACILITY SPECIFICATIONS
AND
PROPOSAL FORM

for the

Department of Health and Senior Services,
Division of Senior Services
Greene County
Springfield, Missouri

RFP No. 03901557

This document constitutes a Request for Proposal (RFP)
including prices from qualified individuals and organizations
to furnish 13,313 net rentable square feet of leased office space
located within the city limits of Springfield, Missouri.

A pre-bid conference regarding this bid will be held on February 18, 2004, at 11:00 a.m.
at the Department of Health and Senior Services' office,
1414 West Elfindale, Springfield, Missouri.

Attendance at this conference is highly recommended for those who wish to submit a bid.
Bidders should bring a copy of the specifications as this will be used as the agenda.

Bidders are strongly encouraged to advise the Division of Facilities Management
at least **five** days prior to a scheduled bid opening or
conference of any special accommodations needed for disabled persons who
will be attending the opening or conference so
accommodations can be made.

All questions regarding this Request for Proposal must be directed to:
Richard Parks, State Leasing Coordinator
Division of Facilities Management, Facility Leasing Section
Telephone # (573) 526-6772
Facsimile # (573) 526-4138

All Proposals must be received no later than 1:30 p.m. on March 31, 2004.

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BID PACKAGE FOR THE STATE OF MISSOURI

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ATTACHMENT A

SUMMARY OF CRITICAL INFORMATION

1. Location: Within the city limits of Springfield, Missouri

2. Square Footage Required: 13,313
3. Bid Opening Date: March 31, 2004
4. Bid Surety Amount: \$ 6,656.50 Effective Date: March 31, 2004 to July 1, 2004
5. Performance Surety Amount: \$ 13,313.00
6. Target Date for Completion: April 30, 2005 Target Date for Occupancy: May 3, 2005
7. Term of Lease: 5 years
8. Number of Employees: 83
9. Total Number of Parking Spaces: 100 Number of Accessible Spaces: 6
10. Staff Restrooms: Male 1 Female 1 Unisex
11. Public Restrooms: Male Female Unisex 1
12. Number of Hi/Lo Water Coolers: 1
13. Number of Workstations: 120
14. AMP/BTU Data Requirements:

<u>SPACE</u>	<u>EQUIPMENT TYPE</u>	<u>NUMBER</u>	<u>AMPS</u>	<u>BTUs/HR</u>	<u>TOTAL AMPS</u>	<u>TOTAL BTUs/HR</u>
Data/Telecom	Ethernet Hubs/UPS/Router	<u> </u>	<u> </u>	9,384	<u> </u>	<u> </u>
Office	Terminals/Printer	120	<u> </u>	<u> </u>	<u> </u>	<u> </u>

15. The Tenant agency will install some systems furniture.
16. Description of Program's use of Space: Hours 7 a.m. to 6 p.m. Number of Clients 10-20/day --
in addition, we provide training sessions for (on average) 35 persons and hold regional meetings
at this office Peak Periods of Traffic 8 a.m. to 5 p.m. Brief Description District, regional and
area office staff who provide direct client services, regulatory oversight and coordination of local public
health issues for several counties

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ATTACHMENT B

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ATTACHMENT C

UPDATES TO SPECIFICATIONS

The following special requirements are in addition to the specifications listed in Attachment G, Specifications for Office Space. When a conflict occurs, the following specifications supersede the specifications listed in Attachment G.

ATTACHMENT C

ADDITIONAL SPECIFICATIONS FOR OFFICE SPACE

DEPARTMENT OF HEALTH AND SENIOR SERVICES

C-1. RECEPTION AREA

C-1.1 The receptionist's area must be isolated from the clientele; there must be a single lockable door to the receptionist's workspace, accessible only through the employee work area. The receptionist's area must be positioned to enable full view of persons entering and exiting the building.

C-1.2 The reception area must have electronically operated glass doors, to be controlled by the receptionist, to prevent unauthorized clientele from entering the general employee work area.

C-1.3 The receptionist's workspace should be equipped with a panic button to alert other staff/authorities in the event of an emergency.

C-1.4 The interview room(s) must be adjacent to the reception area and have restricted access to the rest of the building.

C-2. DATA/TELECOMMUNICATIONS REQUIREMENTS (Ref. G-5)

C-2.1 Electrical: To accommodate data, the Lessor must provide seven dedicated, non-switched, grounded 120V AC circuit(s) with one duplex receptacle on each circuit. One of the receptacles must be a NEMA L-5-15R (locking) receptacle. To accommodate telecommunications, the Lessor must provide two dedicated, non-switched, grounded 120V AC circuit(s) with two duplex outlet(s) on each circuit. There must be one 120V AC, 30 amp circuit with an L5-30R or twist lock receptacle provided (will be located on drawing).

C-2.2 Raceways: The Lessor must prepare the facility to accommodate the installation of communications wiring to all workstations and/or work areas by utilizing enclosed raceways. Accessibility for wiring may be attained by conduit through the walls, conduit or raceway through finished (Sheetrock) ceilings, space above suspended ceilings, raised flooring equivalent to Walker Duct, or false columns. The communications raceway must be sized for a minimum of .18 square inch per workstation in the floor duct or raceway. A minimum 3/4" conduit will be required to accommodate the wiring to each workstation and to a 2" X 4" box at the workstation. A single conduit and box will facilitate both data and telecommunications cable/wire. (Ref. G-5)

C-2.3 Each workstation requires one data/telecommunications (d/t) box with conduit and one dedicated electrical duplex receptacle. In addition, conference room(s) and interview room(s) are designated as a workstation. All printer locations require a dedicated electrical receptacle as well as 2" X 4" d/t box with conduit, while copiers, shredders and postage machines require a dedicated electrical receptacle only. Fax machines require a general electrical receptacle and a 2" X 4" d/t box with conduit. (Ref. G-5)

C-2.4 The Lessor is not responsible for the d/t cable/wire nor the required connector and cover. The Lessor must provide covers for any unused d/t boxes. The agency will contract to have the cable/wire pulled and provide the termination hardware.

C-2.5 Electrical Power Requirements

<u>EQUIPMENT TYPE</u>	<u>NO</u>	<u>AMPS</u>	<u>BTU/HR</u>	<u>DESIGNATED ELECTRIC</u>	<u>MAXIMUM PER #20 AMP CIRCUIT</u>
Computers	83	240	98,240	Yes	3
Printers	6	36	14,736	Yes	2
Copiers	5	36	3,600	Yes	1

Shredder	4	24	7	No	2
Postage Equipment	1	10	4,092	No	1
Fax Machines	7	14	1,470	No	1

Total Workstations = 120 (growth included)

WORKSTATION: The data/phone raise-way must be a minimum ¾" conduit or sized .30 square inch per workstation.

Total Printers and Faxes = 14

Total 2" X 4" Data/Telecommunications Boxes = 120

The designated electrical requirements are in addition to the electrical requirements set forth in G-2.13.3.

C-2.6 Amp/Btu Data/Telecommunications Room Requirements

<u>EQUIPMENT TYPE</u>	<u>NO</u>	<u>AMPS</u>	<u>BTU/HR</u>	<u>TOTAL AMPS</u>	<u>TOTAL BTU/HR</u>
Controller/Modem/Data	6	20	3,300	20	3,300
Router/Server/DAP/HUB	2	20	2,537	20	2,537
UPS/Redundant Power Supply	1	20	3,547	20	3,547

C-3. Humidity control for data room with \pm 5% of the set-point.

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ATTACHMENT D

PROPOSAL FORM

RFP No. 03901557

Department of Health and Senior Services,

Division of Senior Services

Greene County

Springfield, Missouri

Bid Opening Date: March 31, 2004

This Proposal Form must be completed, sealed and received by the Division of Facilities Management no later than 1:30 p.m. on the specified date. All proposals must be mailed or hand carried to:

Division of Facilities Management
Facility Leasing Section
3225 West Truman Boulevard, Suite 100
Jefferson City, Missouri 65109

All proposals will be publicly opened and read at the above time, date and location.

Submitted by: _____

Phone Number: () _____ Owner/Agent
Facsimile Number: () _____

Address: _____

D-1. The undersigned, having examined and being familiar with local conditions including applicable model building codes, ordinances, requirements, etc., affecting the premises and with all sections and attachments of this specification package issued by the Division of Facilities Management, hereby certifies that, with the exception of any appended variances, the premises meets or will meet or exceed the above conditions and proposes to furnish the indicated premises for the firm, fixed price per year:

*** BIDDER SHOULD ENTER AN AMOUNT OR THE WORDS
"NO BID" IN ALL BLANK AREAS PROVIDED**

D-1.1 Base Bid Rental Rate (**Includes Rent Only - Mandatory Entry**):

Price Per Year* _____ Dollars
(\$ _____)

D-1.2 Additional Amount for Lessor Provided Utilities (**Optional Entry**):

Price Per Year* _____ Dollars
(\$ _____)

D-1.3 Additional Amount for Lessor Provided Janitorial Services (**Optional Entry**):

Price Per Year* _____ Dollars
(\$ _____)

D-1.4 Selection of D-1.2 _____ and/or D-1.3 _____ is:

☐ The sole option of the state. ☐ Required by Bidder as part of the proposal.

D-2. Minimum Net Rentable Square Footage Offered (**Mandatory Entry**): * _____

D-3. ☐ **Variance(s) Requested:** Check this box if this proposal is contingent upon any variances to provisions of the Specifications and/or Attachment(s). All variances to the Specifications and Attachment(s) must be fully explained on a separate document attached to the completed Proposal Forms. Failure to comply with this requirement may result in disqualification of the proposal or, at the discretion of the state, insistence on full compliance with Specifications.

D-4. A cashier's check or bid bond payable to the State of Missouri as described in Attachment A, Item 4, must accompany this proposal. The Bidder's failure to accept an award based upon the provisions of this proposal will result in forfeiture of surety document.

D-4.1 Failure to provide a cashier's check or bid bond as described above will automatically disqualify the proposal from consideration.

D-4.2 Amount of Cashier's Check or Bid Bond Enclosed:

_____ Dollars
(\$ _____)

D-5. Specific Site Information: The Bidder should provide the proposed site address. (If the state has a choice of more than one site, please submit a separate proposal form for each site.)

Address of Proposed Property: _____

State Senate District: _____ State Representative District: _____

D-5.1 The proposed facility is:

- _____ (a) an existing structure with renovations
- _____ (b) an existing structure with no renovation
- _____ (c) an existing structure with an addition
- _____ (d) new construction

D-5.2 The proposed premises are currently:

- ☐ (a) owned by the Bidder
- ☐ (b) Bidder has a signed option to purchase contract
- ☐ (c) Bidder is acquiring an option to purchase contract
- ☐ (d) Bidder has a verbal agreement with the owner
- ☐ (e) Bidder has no ownership rights or obligations
- ☐ (f) Broker representing an individual

D-5.3 In order to comply with local zoning requirements, the proposed premises:

- ☐ (a) are zoned correctly
- ☐ (b) must be rezoned

D-5.4 The proposed facility would be designed for and occupied by:

- ☐ (a) only the agency(s) specified in this RFP
- ☐ (b) the agency(s) specified in this RFP and other state agencies
- ☐ (c) the agency(s) specified in this RFP and other non-state organization(s)

D-5.5 The proposed facility is:

- ☐ (a) a single level facility
- ☐ (b) a multi-level facility

D-5.6 The proposed premises are:

- ☐ (a) all in one contiguous space
- ☐ (b) located on more than one level
- ☐ (c) located on one level but different areas, not connected

D-5.7 The exterior of the proposed facility is:

- ☐ (a) brick
- ☐ (b) block
- ☐ (c) wood
- ☐ (d) metal
- ☐ (e) drivit
- ☐ (f) other

D-5.8 The proposed facility's roof is:

- ☐ (a) shingle
- ☐ (b) metal
- ☐ (c) membrane

D-5.9 The proposed facility's HVAC system is:

- ☐ (a) gas
- ☐ (b) electric

D-5.10 The proposed facility's parking lot is:

- ☐ (a) asphalt
- ☐ (b) concrete

D-6. Total Parking Spaces Provided: _____ # of Handicap Spaces: _____

D-7. Construction Time from Notice to Proceed to Completion: _____

D-8. In submitting this bid, it is understood that the right is reserved by the Division of Facilities Management, State of Missouri, to reject any and all bids, and it is agreed that the bids will not be withdrawn for a period of 90 days from the specified time for receiving bids.

D-8.1 IF AN INDIVIDUAL:

Name of Individual

Residence Address

Signature

Firm Name (if any)

Federal Tax ID # or SSN

Firm Address

Address for Communications

D-8.2 IF A PARTNERSHIP:

_____ General* _____ Limited
(Include names of all)

Name and Residence Address of Partners:

Name of Partnership

Partner

Signature

Partner

Signature

Address for Communications

Federal Tax ID # or SSN

*Include information of all partners by attaching additional pages if necessary.

D-8.3 IF A CORPORATION: (Exact Title)

Name of Corporation

1. Incorporated under the laws of the
State of _____

Name and Title of Officer

2. Registered to do business in Missouri:
Yes _____ No _____ (Check one)

Signature of Officer

Federal Tax ID # or SSN

(ATTEST)

Address for Communications

Secretary Signature

D-8.4 IF A BROKER REPRESENTING AN INDIVIDUAL:

Name of Broker

Signature of Broker

Name of Individual Represented

Residence Address

Signature of Individual Represented

Federal Tax ID # or SSN of Individual
Represented

(SEAL)

Each Bidder must complete the Proposal Form by signing on the proper signature line above and by supplying the required information called for in connection with the signature. Failure to properly sign the Proposal Form and to provide required information will constitute grounds for non-acceptance of bid.

D-9. Historic Status Documentation (Mandatory Entry - If Requesting Preference Points)

D-9.1 Address of Proposed Property: _____

D-9.2 Is the property individually listed in the National Register of Historic Places? (Check one)

_____ Yes _____ No _____ Unsure

D-9.3 Is the property a contributing element of a National Register Historic District or a certified local district?

If yes, list the name of the historic district and include photographs of the facility. (Include a photo of the front elevation of the facility and a streetscape view showing the adjoining buildings.)

D-9.4 Has the property been determined to be eligible for listing on the National Register of Historic Places by the State Historic Preservation Office in the Department of Natural Resources? (Check one)

_____ Yes _____ No _____ Unsure

If yes, attach a copy of the eligibility assessment and photographs of the facility. (Include a photo of the front elevation of the facility and a streetscape view showing the adjoining buildings.)

D-9.5 Will the project involve utilization of the federal or state rehabilitation tax credits? (Check one)

_____ Yes _____ No _____ Unsure

Information on the National Register of Historic Places can be obtained by contacting the State Historic Preservation Program (SHPO) in the Department of Natural Resources at (573) 751-7858 or by visiting the SHPO website at <http://www.mostateparks.com/hpp/>.

The State Historic Preservation Program can also provide information in regard to National Register eligibility and the federal and state rehabilitation tax credits.

D-10. Specialized District Documentation (Mandatory Entry - If Requesting Preference Points)

D-10.1 Address of Proposed Property: _____

D-10.2 Is the property located within a specialized district? (Check one)

_____ Yes _____ No _____ Unsure

If yes, check the type of district:

_____ Central Business District _____ Community Improvement District (CID)
_____ Main Street Program District _____ Other Local Revitalization District

D-10.3 A map of the district has been included with the proposal.

_____ Yes _____ No

If yes, list the street boundaries of the district (i.e. 2nd Street to the North, Oak Street to the South, Main Street to the West and High Street to the East).

D-10.4 The city or local governmental agency has designated the applicable district.

_____ Yes _____ Date Certified _____ No

D-10.5 The signature below by the city or local government official attests to that certification:

Name Title Date

Information on redevelopment assistance, downtown revitalization projects and the Missouri Main Street Program may be obtained by contacting the Department of Economic Development at (573) 522-8004 or by visiting the website at <http://www.ecodev.state.mo.us/communities.html>.

D-11. Environmental Assessment (**Mandatory Entry - For All Proposals**)

D-11.1 Address of Proposed Property: _____

D-11.2 What were the former uses of the Proposed Property?

D-11.3 Has a Phase I Environmental Site Assessment been conducted at the proposed site? (Check one)

_____ Yes _____ No _____ Unsure

If yes, indicate the name of the firm who conducted the assessment and include a copy of the findings.

Name: _____

D-11.4 Has a lead paint or asbestos inspection been conducted by a certified inspector at the proposed site?

_____ Yes _____ No _____ Unsure

If yes, indicate the name of the certified inspector who conducted the assessment and include a copy of the findings.

Name: _____

Information on the Missouri Voluntary Cleanup Program (VCP) may be obtained by contacting the Department of Natural Resources at (573) 526-8913 or by visiting the website at <http://www.dnr.state.mo.us/deq/hwp/hwpvcp.htm>.